DMHAS Data Quality Visit Template and Walkthrough

Dear Provider,

The Evaluation, Quality Management and Improvement (EQMI) Division conducts routine data quality visits to all providers of DMHAS-funded services. The following document is an <u>annotated version</u> of the template that we will use to assess the status of your agency's data quality, as well as any processes concerning data quality.

You can use this template to:

- Become familiar with EQMI's data quality visit process.
- Learn which reports are available to you to assess your own data quality on a regular basis, in between official DMHAS data quality visits.
- Suggest improvements to EQMI regarding the data quality visit process and reports produced.

If you have any questions or comments regarding this template, please contact any of the following staff:

Karin Haberlin (860) 418-6842 / karin.haberlin@po.state.ct.us
Kristen Miller (860) 418-6782 / kristen.miller@po.state.ct.us

Thank you.

Provider:	*Provider Name*
Date of Meeting/Review:	*Date of meeting*
Provider Staff:	*Staff from your agency in attendance at the meeting*
DMHAS Staff:	*DMHAS staff in attendance at the meeting*

Introduction

The purpose of this report is to assure a common understanding of the presenting problems, discussions and roles in advancing the quality and integrity of the client data.

The following table represents areas of interest in a comprehensive review of the quality of data reported by this provider to the Department of Mental Health & Addiction Services. *The italicized comments represent information obtained by DMHAS' EQMI staff prior to this visit through the reports indicated*.

(EQMI Staff Name) is serving as the lead for this process, though some actions may be directed through other functional units of the Department of Mental Health & Addiction Services. They can be reached at *(EQMI telephone number, e-mail address)*.   Other contacts that may be useful include the following:

- Your Local Mental Health Authority, *(name of LMHA, contact person, telephone number, e-mail address)*
- The DMHAS Health Care Systems Regional Manager: *(name, telephone number, e-mail address)*
- The DMHAS Help Desk: (860) 418-6644

Data Element/Tools	Comments
Provider/programs: *Program Names, Capacities, LOC, Fund Status* ▪ DPAS **cc810** (Programs and LOCs) ▪ **Current DMHAS contract**	The DPAS Report **cc810** provides the following for each program: program name, program code, whether program is active/open, whether program is funded by a human services contract with DMHAS, capacity and level of care (LOC). EQMI staff compare this information with the private non-profit provider's current contract with DMHAS to ensure consistency. *If your program is an addiction service*: Programs that are not funded <u>should be included</u> if they are licensed for substance abuse treatment. CT Public Act 99-273 requires that such programs report admissions and discharges to the Department of Mental Health & Addiction Services. *If your program is a mental health service*: Programs that are <u>not funded</u> by the Department should <u>not</u> be included. Questions and Issues related to discrepancies may be referred to other DMHAS Divisions, including Health Care Systems/Regional Managers and Local Mental Health Authorities.
Admissions: *Submitted, Timely, Duplicates, Errors?* ▪ **cc820** (Clients Active in Program/ Totals or Detail) ▪ **cc861** (Audit Clients Adm. in Timeframe) ▪ **cc870** (Interface Import History)	DMHAS requires that admissions be submitted by the <u>15th day after the end of the month being reported.</u> The DPAS Report **cc820** allows you to designate the time frame for which a query of certain information is desired, and for each program, provides the number for following: <u>clients in treatment (admitted with no discharge), clients unduplicated, admissions, discharges.</u> Generally, this report can provide a variety of information using different time frames: ▪ A single *point in time ("from" and "to" dates the same)* indicates the <u>census on that day</u> in the "Cl-Tx" column. Any difference between this and the "Cl-Undup" column would indicate <u>duplicate admissions without appropriate discharges</u>. Correction of this may simply require the appropriate discharge of one admission, or may require the merging of admissions/episodes of care if an admission was done in error. <u>Admissions that have been created in error should never be eliminated through a discharge</u>! Instead, you should contact the DMHAS Help Desk to rectify this problem.

Data Element/Tools	Comments
	▪ The **cc820** run separately by the *fiscal year to date and each of the two previous fiscal years* may be used to give you <u>a comparison of your admission and discharge activity</u>. Through this comparison and/or a comparison with your internal data system, you can confirm that generally the numbers are within an acceptable range, thereby not requiring further investigation, or, do <u>not</u> seem representative of your activity/census and need further evaluation. The DPAS Report **cc861** may be used to evaluate the <u>timeliness of submission of admissions</u>. It provides detailed information regarding each client's date of admission, and when that admission data was submitted to DPAS. The DPAS Report **cc870** is used <u>only when a provider submits through the Interface</u>. *(If you submit admissions and discharges directly into DPAS, you would not use this report.)* This report identifies the date a file, which identifies the month/year of the data in its name, is run at DMHAS, as well as the number of records, uploaded clients and errors. You can view the actual errors with this report and determine any changes you may need to make to your MIS, the Interface setup, or a specific client record. Any error that is prefaced by "Warning" is *non-fatal*; that is, the data has been allowed but correction should be completed. *Fatal* errors indicate that the record was not allowed into DPAS.

Data Element/Tools	Comments
Discharges: *Submitted, Timely, Errors?* ▪ **cc820** (Clients Active) ▪ **cc862** (Audit Clients DC) ▪ **cc870** (Interface Import History)	DMHAS requires that discharges be submitted by the 15th day after the end of the month being reported. Generally, discharges are expected as follows: *If your program is an addiction service:* ▪ Residential/inpatient settings the day the client leaves; ▪ Outpatient settings when the client has not been seen for <u>30 days</u>, and then retroactive to the date of the last face-to-face contact. *If your program is a mental health service*: ▪ Residential/inpatient settings the day the client leaves, though there may be exceptions, i.e. missing client; ▪ Outpatient settings when the client has not received services within <u>90 days</u>, though there may be exceptions. Any exceptions should be discussed with the DMHAS LMHA and/or Health Care Systems Regional Manager. The DPAS Reports noted to the left may be used in the same manner as noted above for **Admissions**.

Data Element/Tools	Comments
Services: *Submitted, Timely, Appropriate for LOC, Missing?* ▪ **cc840** (Client services by program-Totals) ▪ **WebSAS cc842** (Clients with no services) ▪ **cc870** (Interface Import History)	DMHAS requires that services be submitted by the 15th day after the end of the month being reported. Services are required for <u>all mental health and/or funded addiction services except ATR (Access to Recovery), Crisis, and PTIP (Pre-Trial Intervention Program).</u> Service information for ATR comes to DMHAS directly through the claims process. The DPAS Report **cc840** allows you to *query either by client detail or totals*. The client detail will provide the <u>name of each client and the specific dates and services recorded.</u> The totals report includes for each program: ▪ Capacity ▪ Clients Served vs. Clients in Treatment (Clients with services during the time frame compared with clients with an open admission but no services) ▪ Numbers of sessions, hours, days and trips (This is most often used for an overview of activity, setting the date range for the current fiscal year to date, and each of the last two full fiscal years for comparison.) The WebSAS Report **cc842** indicates the <u>clients for whom there are no services in the designated date range</u>. With this list, you can determine: ▪ Whether or not services were not submitted in error, or, ▪ A client is no longer receiving services and should be discharged If you do not have access to WebSAS (accessible at https://reports.dmhas.state.ct.us), please call the Help Desk to obtain assistance: (860) 418-6644, option 4. The DPAS **cc870** is used here in the same manner as stated for **Admissions** and **Discharges**.

Data Element/Tools	Comments
SATIS Admission: *Missing?* ▪ **cc864** (SATIS Admissions w/o SATIS detail)	This section of the review form applies <u>only to certain levels of care for Addiction Services (AS)</u>. Exempt AS LOCs include: AIDS Residential, Case Management, Outreach, Vocational Rehabilitation, Problem Gambling, Peer Support, and PTIP. SATIS (Substance Abuse Treatment System) is a specific dataset required for all other LOCs of Addiction Services. *Note: While ATR programs do not require services, the SATIS must be provided unless the LOC is exempt as noted above.* The DPAS Report **cc864** provides a list of clients for whom this dataset is missing. If due to a duplicate, you should contact DMHAS Help Desk to merge admissions/SATIS.
SATIS Discharge: *Missing?* ▪ **cc864** (SATIS Discharges w/o SATIS detail)	See **SATIS Admission** above.
Review Current Users *Do all active users still need access? Are some missing?* ▪ **cc891** (Provider User IDs)	The DPAS Report **cc891** lists all persons at a provider who have been provided access to DPAS. We ask you to review this list periodically and report any persons for whom access should be inactivated to the DMHAS Help Desk. <u>At no time should staff share their passwords and access</u>. To request access for additional staff, providers may download the DPAS access form, located at http://www.ct.gov/dmhas/lib/dmhas/eqmi/accessrequest.pdf and submit it to DMHAS for processing, which customarily takes a few business days.
Missing or Unspecified Data Issues, Outcome Measures ▪ **Unknown Values/Missing Data and Outcome Measures Reports** emailed monthly to providers	These reports are e-mailed monthly to the administrator of all providers and/or their designees. We review and discuss these reports with you to determine any intervention/action required by you or DMHAS.

Data Element/Tools	Comments
IT and MIS Questions: *Q1. Do you have your own IT Department? Do you use an IT vendor?* *Q2. What MIS System are you using?* *Q3. How long does it take to incorporate a change into your system, in terms of paperwork and MIS?* *Q4. If you are using an IT vendor, are the changes requested by DMHAS currently part of your vendor contract?*	Some providers have already answered these questions for the Data Infrastructure Grant survey; we will use these questions to confirm already submitted answers, as well as obtain information from providers who have not yet responded to the survey. Answers to these questions will be used to inform future MIS support planning at DMHAS.